

Health Benefit Exchange: Overview

Nevada Department of Health and Human Services

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**PUBLIC
CONSULTING
GROUP**

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Agenda

- Introductions
- Purpose of the Public Forums
- Overview of the Health Benefit Exchange
 - What is an Exchange
 - Core Responsibilities
- Key Decisions for Nevada
- Open Discussion
- Wrap-Up and Next Steps

Purpose of the Public Forums

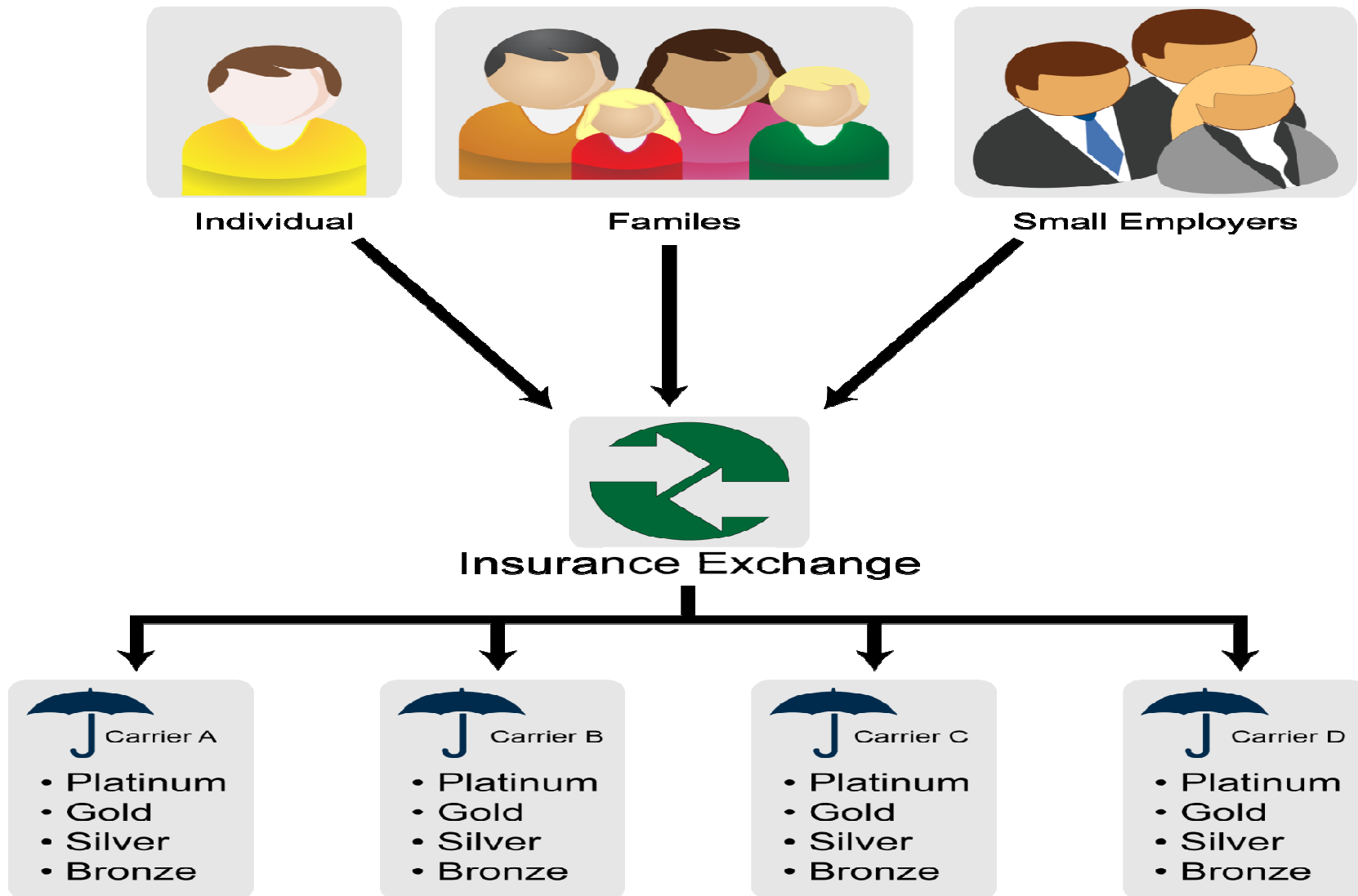
- Gather input from the public on key issues pertaining to the establishment of a Health Benefit Exchange.
- Provide information to the public on the state's approach to planning, designing and developing an Exchange for Nevada.

Overview of the Health Benefit Exchange |

What is it?

- “Expedia” for health insurance:
 - Organized commercial insurance marketplace for individuals and small employers (up to 50 employees)
 - Enables consumers to review/compare plans, and enroll in coverage
- One-stop shop for publicly subsidized health coverage:
 - Medicaid
 - Nevada Check Up (CHIP)
 - Subsidized commercial insurance
- Source of information on carriers and plan performance

Exchange | A Structured Marketplace



Exchange | Core Responsibilities

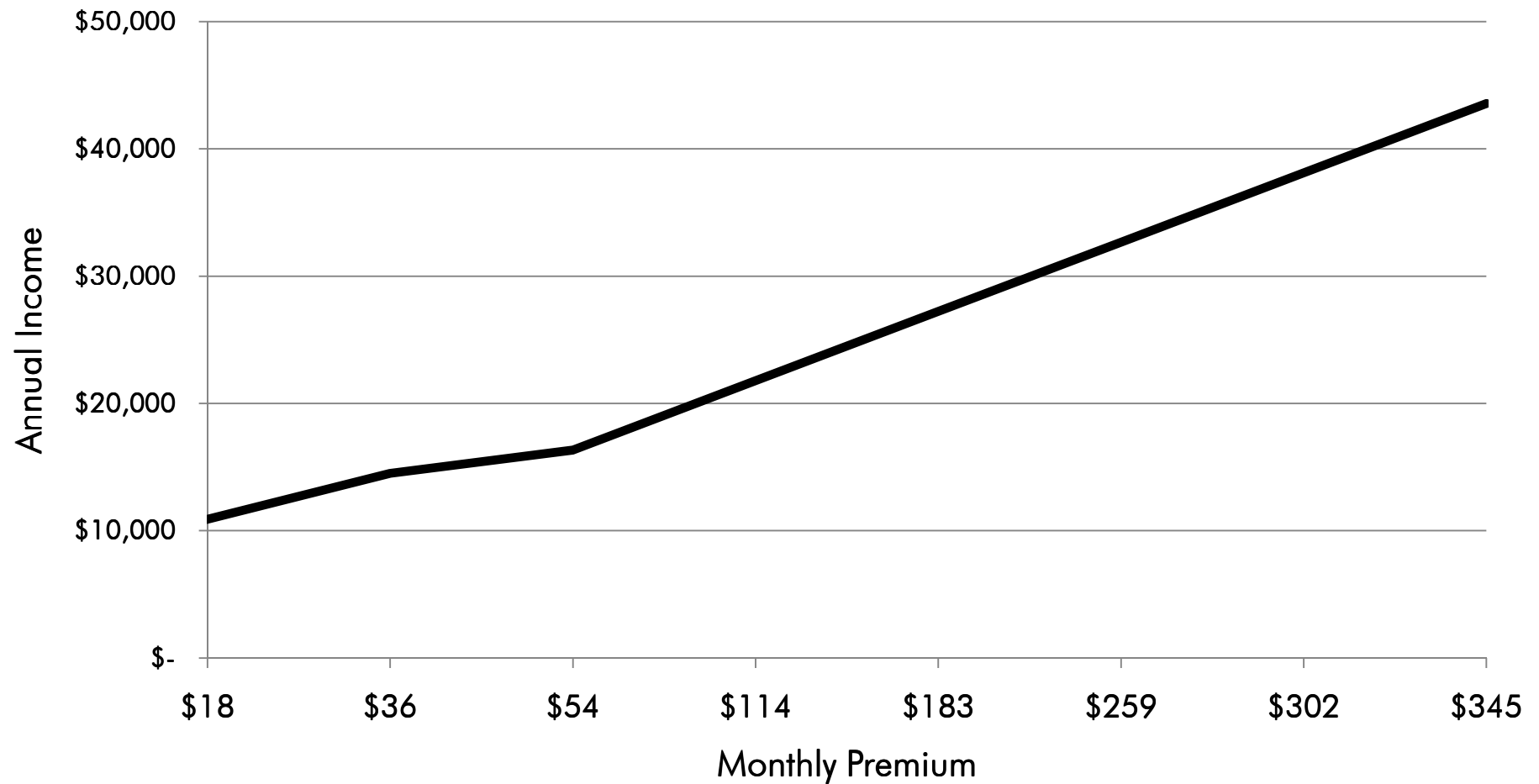
- Develop single, streamlined eligibility process for all public health coverage programs
- Offer “qualified health plans” in five benefit groups, which will differ based on point-of-service cost sharing (e.g., co-pays, co-insurance, deductibles):
 - Platinum (90%)
 - Gold (80%)
 - Silver (70%)
 - Bronze (60%)
 - High Deductible Health Plan

Exchange | Core Responsibilities

- Offer health plans in the individual and small group markets:
 - Premium subsidies and lower out-of-pocket costs available to eligible individuals and families with income up to 400% of the Federal Poverty Level (e.g., up to \$43,561 for an individual)
 - Premium subsidies available to small employers with lower-wage employees
- Develop “calculator” to enable people to estimate total cost of coverage (e.g., premiums, co-pays, deductibles)

Exchange | Individual Subsidy Amounts

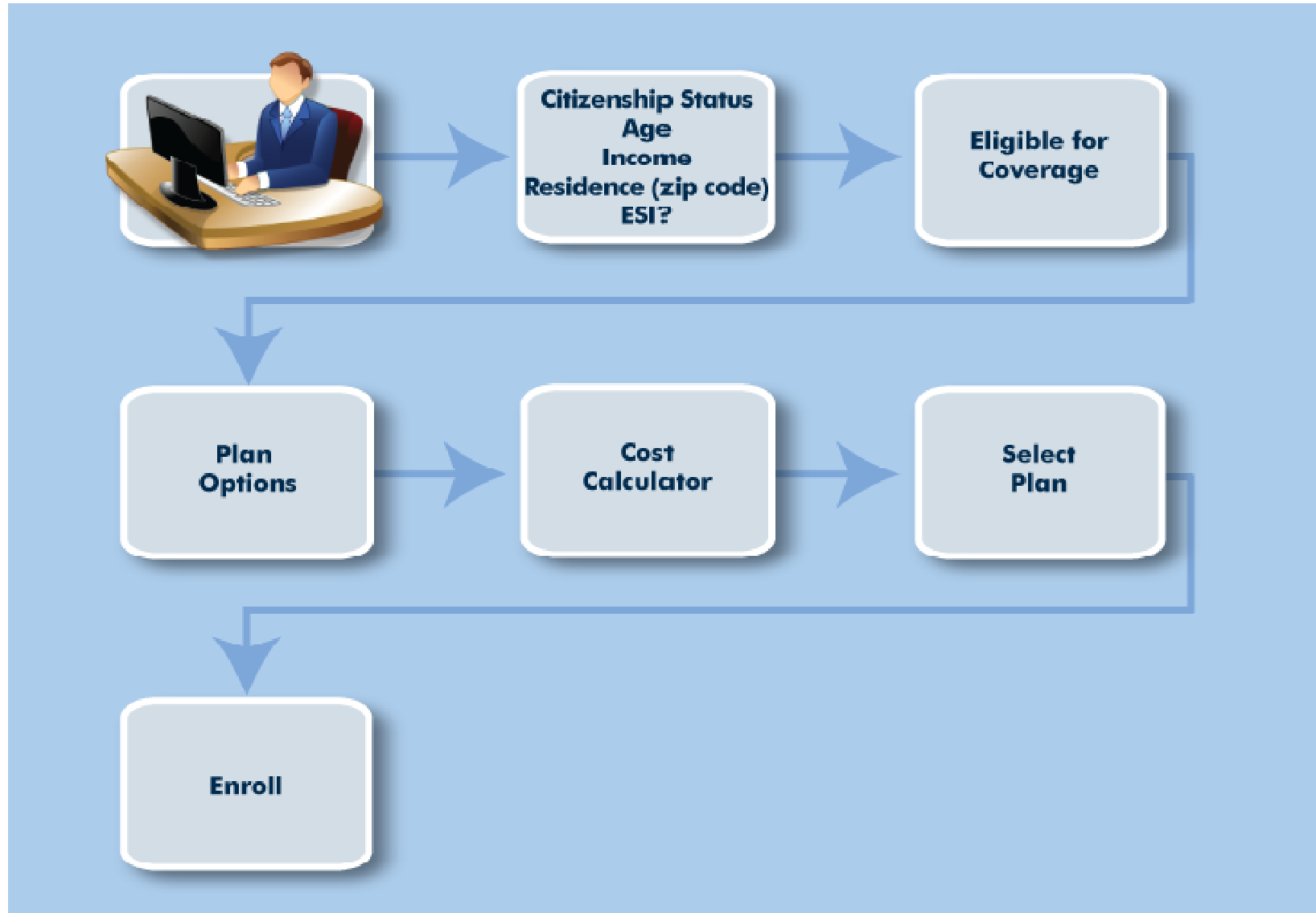
Monthly Premium Based on Annual Income



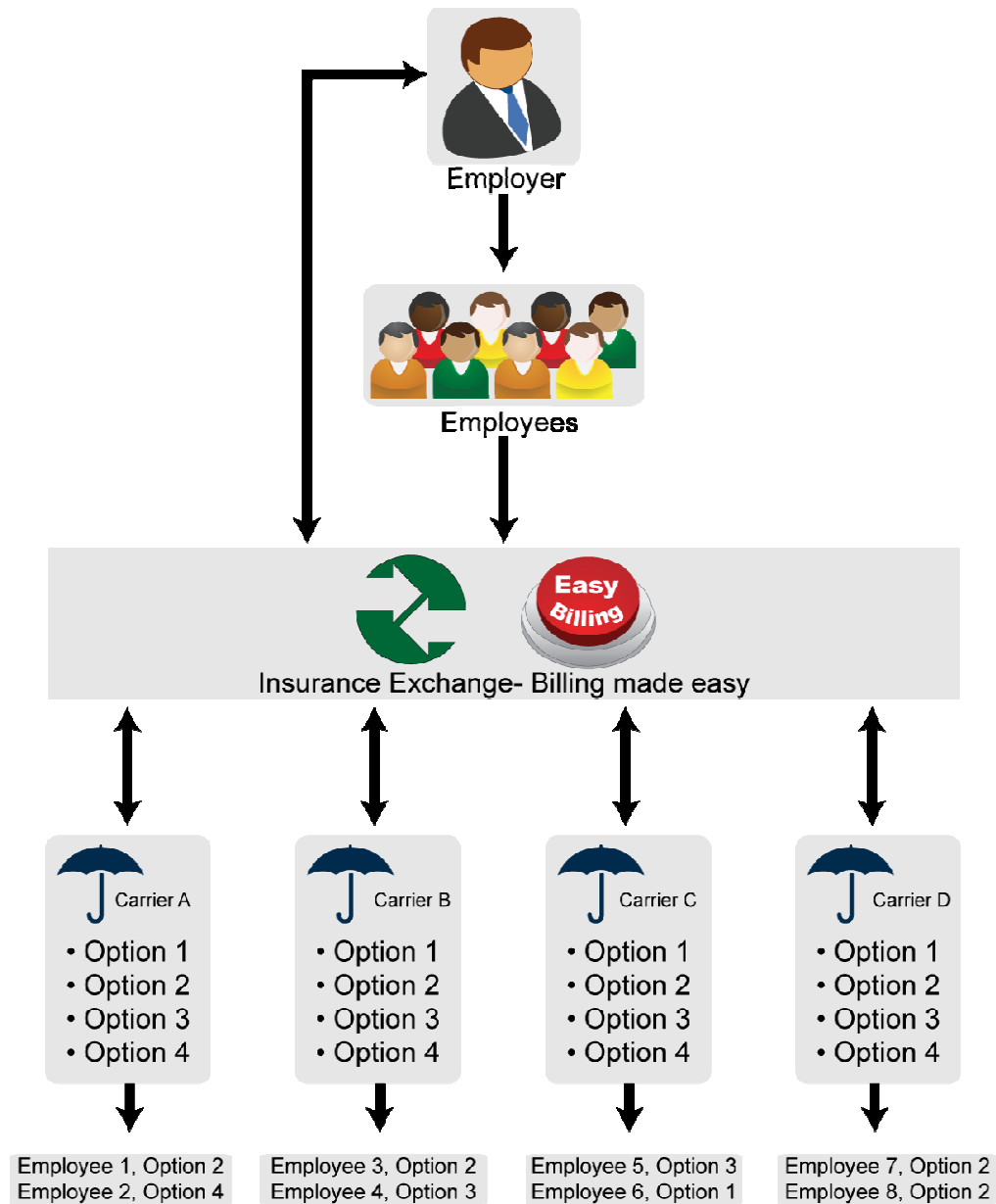
Exchange | Core Responsibilities

- Establish call center and customer service unit to assist consumers
- Develop multiple channels (i.e., web, phone, mail, walk-in) to enable people to shop for insurance, compare health plans, and enroll in coverage
- Rate health plans and offer decision-support tools to assist consumers
- Certify exemptions under the individual mandate and report information to federal agencies

Exchange | Individual Shopping Experience



Exchange | Small Employer Options



Exchange | Key Decisions for Nevada

- What are the goals of the Nevada Exchange?
 - Connect people to health insurance
 - Promote change in the health insurance market
- Who should run the Exchange?
 - State agency, quasi-public authority, or non-profit entity
- How will the Exchange help individuals and small employers compare plans and purchase health insurance?
 - Pro-active outreach and education
 - Cost and quality rankings of health plans

Exchange | Key Decisions for Nevada

- How will the Exchange operate alongside the existing individual and small group markets?
 - Same plans offered inside and outside the Exchange
 - Rating and underwriting rules comparable
- Should the state establish one Exchange or two?
 - Combined Exchange serving individual and small group markets – OR – separate Exchanges
- How will the Exchange interact with Medicaid/CHIP?
 - Continuity of coverage across programs
 - Reduce churn between programs

Exchange | Next Steps

- Upcoming public forums focused on:
 - Small employers
 - Consumer shopping experience
 - The effect on the commercial market
 - How the Exchange aligns with Medicaid/CHIP programs
- Establish governance and administrative structure
- Prepare strategic plan and roadmap to develop an Exchange